| | / OFFICEHOLDER INANCE REPORT | FORM C/OH COVER SHEET PG 1 |
|---|--|---|
| The C/OH Instruction Gui | IDE explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 00000004 | 2 PAGE # 1 of 65 |
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST MI | OFFICE USE ONLY |
| NAME | Hon. Antoinette B NICKNAME LAST SUFFIX Toni Lawrence | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: 7/P CODE 7047 Bent Branch Dr Houston, TX 77088 | RECEIVED JUL 17 and Hamodaligned or DatoPostmaria |
| | MS/MRS/MR FIRST MI | Receipt # |
| 5 CAMPAIGN TREASURER | Mr. George D | Date Processed |
| NAME | NICKNAME LAST SUFFIX Franklow Jr. | Date Imaged |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 2618 Sutton Ct Houston, TX 77027 | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 552-0838 | |
| 8 REPORT TYPE | January 15 30th day before election Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | X July 15 8th day before election Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 9 PERIOD COVERED | Month Day Year Month Day THROUGH 01/01/2006 06/30/200 | Year 06 |
| 10 ELECTION | ELECTION DATE ELECTION TYPE | · · · · · · · · · · · · · · · · · · · |
| | Month Day Year 11/06/2007 Primary Runoff X | General Special |
| 11 OFFICE | OFFICE HELD (If any) Houston City Council, Dist A 12 OFFICE SOUGHT (If known) Houston City Council | il, Dist A |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE | Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direct campaign. | ndidate's prior consent or approval. ct campalgn expenditure. |
| BY OTHER INDIVIDUALS | Name | • |
| | Address/PO Box; Apt. / Suite #; City; State; Zip Code | |
| additional pages | | |
| | GO TO PAGE 2 | |

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| 14 C/OH NAME Lawre | ence, Antoinette B | (Hon.) | 15 ACCOUNT # (00000004 | Ethics Commission filers) |
|----------------------------|-----------------------|--|---|---------------------------|
| 16 NOTICE FROM | havé been made with | otice of political expenditures by political committees to support the conditates or officeholder's knowledge or consent. Candidate by receive notice of such expenditures | | |
| POLITICAL COMMITTEE(S) | СОММПТЕЕ ТҮРЕ | COMMITTEE NAME | *** | |
| | GENERAL | COMMITTEE ADDRESS | · ····- | <u> </u> |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | <u> </u> | · |
| additional pages | · | | *************************************** | |
| . ` | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 45,175.00 |
| EXPENDITURE TOTALS | 3. TOTAL | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE | \$ | 0.00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 12,345.37 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD | \$ | 157,570.96 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ | 0.00 |
| AFFIX NOTARY'S | ped before me, by t | he said | all information require | ed to be reported by |
| of <u>Juny</u> .: | 20_ <i>VÇ</i> , to ce | rtify which, witness my hand and seal of office. | | |
| Signature of officer adm | _ | Print name of officer administering path | Title of officer admin | |

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 1/44 Report: 3/65 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Lawrence, Antoinette B (Hon.) 00000004 Date Full name of contributor ut-of-state PAC(ID#_ Amount of contribution (\$) Allen Boone Humphries Robinson LLP 02/22/2006 6 Contributor address; City; State; Zip Code \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Firm Law Firm 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ut-of-state PAC(ID# Date Amount of Amegy Bank of Texas PAC contribution (\$) 6 Contributor address; \$500.00 01/30/2006 _City;_ State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 18 Purpose of travel 17 Means of transportation

| | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | | SCHEDULE A | |
|----|---|--|---|-------------------------------------|---------------------------|--------------|----------------------------|--|
| | The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE # Schedule: 2/4 | l4 Répo | ort: 4/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 ACCOUNT# 00000004 | | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor [Andrews & Kurth Texas PA | out-of-state PAC(ID# | | | | Amount of ontribution (\$) | |
| | 02/20/2006 6 Contributor address; City; State; Zip Code | | | | | | \$1,000.00 | |
| 8 | Principal occup PAC | oation / Job title (See Instructions |) | 9 Employer (See In: PAC | structions) | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | n (if applicable) | | | |
| 12 | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | |
| 13 | Departure city | / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date | |
| 17 | Means of trans | portation | · · | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Arnold, Kenneth E | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) | |
| | 02/06/2006 | 6 Contributor address; C | | | | | \$100.00 | |
| 8 | Principal occup Sr. Exec. VP | ation / Job title (See Instructions |) | 9 Employer (See In: AMEC Paragon | · · | - | | |
| 10 | | ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | ı (if applicable) | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | nttach additional pages | if necessary) | | | |
| 13 | Departure city i | location | 14 Departure date | 15 Destination city / I | ocation | <u></u> | 16 Arrival date | |
| 17 | ' Means of trans | portation | | 18 Purpose of travel | | | • | |
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| | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | | SCHEDULE A | | |
|---|---|---|---|--|--------------------------|--------------------|---------------------|--|--|
| | The Instruction | on Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 3/4 | A Penort: 5/ | 65 | | |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 ACCOUNT # 00000004 | (Ethics Commis | | | |
| 4 | Date | 5 Full name of contributor [Associated Builders & Cont | out-of-state PAC(ID# ractors | , | | 7 Amou contribu | nt of ution (\$) | | |
| | 02/07/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$1,000.00 | | |
| 8 | Principal occup PAC | ation / Job title (See Instructions | | 9 Employer (See In: PAC | structions) | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | | | | | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / I | ocation | 16 | Arrival date | | |
| 17 Means of transportation 18 Purpose of travel | | | | , | | | | | |
| 4 | Date | 5 Full name of contributor [Aviles, Dionel | out-of-state PAC(ID# |) | | 7 Amou contribu | nt of ution (\$) | | |
| | 02/13/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$500.00 | | |
| 8 | Principal occup Consulting Er | ation / Job title (See Instructions ogineer |) | 9 Employer (See Ins Aviles Engineer | | | | | |
| 10 | In-kind contribu | ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | (if applicable) | | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / k | ocation | 16 | Arrival date | | |
| 17 Means of transportation 18 Purpose of travel | | | | | | | | | |
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| | | CAL CONTRIBU THAN PLEDGI | | SCHEDULE A | | | |
|---|------------------------------|--|---|-------------------------------------|---------------------------|------------|---|
| | The Instruction | ON GUIDE explains how to comp | plete this form. | | 1 PAGE # Schedule: 4/4 | ld Ren | od: 6/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT # 00000004 | | Commission filers) |
| 4 | Date | 5 Full name of contributor Berkman, Larry | out-of-state PAC(ID#_ | | · | | Amount of ontribution (\$) |
| | 02/15/2006 | 6 Contributor address; | City; State; Zip Code | | • | | \$250.00 |
| 8 | Principal occup Executive | oation / Job title (See Instructions | 5) | 9 Employer (See In Berkman & Ass | • | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | |
| 13 | Departure city | / location | 14 Departure date | 15 Destination city / I | location | - | 16 Arrival date |
| 17 Means of transportation 18 Purpose of travel | | | | | | | <u>I. </u> |
| 4 | Date | 5 Full name of contributor [Birney, Jim | out-of-state PAC(ID#_ |) | | 7 α | Amount of ontribution (\$) |
| | 02/20/2006 | 6 Contributor address; (| City; State; Zip Code | | | | \$1,000.00 |
| 8 | Principal occup PAC | pation / Job title (See Instructions |) | 9 Employer (See In: PAC | structions) | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, compte | ide Texas and te box 11 if applicable. | 11 In-kind description | ı (if applicable) | · | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | uttach additional pages | if necessary) | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | , | • | · |
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| | | CAL CONTRIBL THAN PLEDGE | | NS | | | ; | SCHEDULE A | |
|--|-----------------------------------|--|--|--|-------|-------------------------|----------------------------|----------------------------|--|
| | The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 | PAGE # Schedule: 5/4 | 14 Ren | ort: 7/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 | ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor [Bohac, Dwayne | out-of-state PAC(ID# | | | | | Amount of ontribution (\$) | |
| | 02/08/2006 | 6 Contributor address; | City; State; Zip Code | ••••• | | • • • • • • • • • • • | | \$250.00 | |
| 8 | Principal occup Elected Offici | pation / Job title (See Instructions ial |) | Employer (See Instructions) Texas House of Representatives | | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | | | |
| 12 | ! Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | cessary) | | | |
| 13 | 3 Departure city i | / location | 14 Departure date | 15 Destination city / I | loca | tion | | 16 Arrival date | |
| 17 Means of transportation | | | | 18 Purpose of travel | | | | | |
| 4 | Date | 5 Full name of contributor [Boland, Anne | out-of-state PAC(ID# |) | • | | | Amount of ontribution (\$) | |
| | 02/20/2006 | 6 Contributor address; C | City; State; Zip Code | | | | | \$1,000.00 | |
| 8 | Principal occup PAC | pation / Job title (See Instructions | | 9 Employer (See In: PAC | stru | ctions) | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and ite box 11 if applicable. | 11 in-kind description | n (if | applicable) | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | cessary) | | | |
| 13 | 3 Departure city / | / location | 14 Departure date | 15 Destination city / I | locat | tion | | 16 Arrival date | |
| 17 | 7 Means of trans | portation | | 18 Purpose of travel | | | | | |
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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|---|---------------------------------|---------------------------------------|---------------------------|---------|----------------------------|
| The INSTRUCTION GUIDE explains how to | complete this form. | | 1 PAGE # Schedule: 6/4 | 44 Repo | ort: 8/65 |
| 2 FILER NAME Lawrence, Antoinette | B (Hon.) | | 3 ACCOUNT# 00000004 | | Commission filers) |
| 4 Date 5 Full name of contribution Brady, Gerald | utor |) | | | Amount of ontribution (\$) |
| 02/15/2006 6 Contributor address; | | | | | \$500.00 |
| 8 Principal occupation / Job title (See Instru Executive | uctions) | 9 Employer (See In: Liberty Cab Co | | | |
| 10 In-kind contribution Check if in-kind contribution for trav complete boxes 12-18. Otherwise, of | complete box 11 if applicable. | | | | |
| 12 Name of person(s) traveling on whose be | thalf the travel was accepted (| attach additional pages (| if necessary) | - | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | | | |
| 4 Date 5 Full name of contribu | utor out-of-state PAC(ID# |) | | | Amount of ontribution (\$) |
| 02/16/2006 6 Contributor address; | | | | | \$100.00 |
| 8 Principal occupation / Job title (See Instru | uctions) | 9 Employer (See Ins | structions) | | - |
| 10 In-kind contribution Check if in-kind contribution for travicomplete boxes 12-18. Otherwise, of | | 11 In-kind description | ı (if applicable) | | |
| 12 Name of person(s) traveling on whose be | half the travel was accepted (| attach additional pages i | f necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / le | ocation | | 16 Arrival date |
| 17 -Means of transportation | | 18 Purpose of travel | <u> </u> | | <u> </u> |
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| | | CAL CONTRIBU THAN PLEDGI | | NS | | | | SCHEDULE A |
|----|--------------------------|--|---|--|---------|-----------------------|--------|----------------------------|
| | The Instruction | DN GUIDE explains how to comp | plete this form. | | 1 | PAGE# Schedule: 7/ | 44 Ren | ort: 9/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | Ι. | ACCOUNT # 00000004 | | Commission filers) |
| 4 | Date | 5 Full name of contributor Caldera, Stella | | 1 | | | 7 0 | Amount of ontribution (\$) |
| | 03/02/2006 | 6 Contributor address; | City; State; Zip Code | | | | • | \$100.00 |
| 8 | Principal occup | pation / Job title (See Instructions | s) | 9 Employer (See In: | struc | ctions) | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | ı (if a | applicable) | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (| attach additional pages i | if ned | cessary) | , | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | ocati | ion | | 16 Arrival date |
| 17 | Means of trans | portation | · | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Carter, Darryl | out-of-state PAC(ID#_ | · | | | 7 cc | Amount of ontribution (\$) |
| | 02/04/2006 | 6 Contributor address; (| City; State; Zip Code | | · · · · | ••••• | | \$250.00 |
| 8 | Principal occup Attorney | ation / Job title (See Instructions | | 9 Employer (See Ins Linebarger Goge | | | son | |
| 10 | In-kind contribu | ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 lf applicable. | 11 In-kind description | (if a | applicable) | - | |
| 12 | . Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages i | fnec | cessary) | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / k | ocati | on | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | · ; |
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| | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | | SCHEDULE A |
|---------------------------------------|---|--|--|----------------------------|---------------------------|---------|----------------------------|
| | The Instruction | ON GUIDE explains how to comp | plete this form. | • | 1 PAGE # Schedule: 8/4 | 14 Renr | od: 10/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | | Commission filers) |
| 4 | Date | 5 Full name of contributor Center Point Energy Inc PA | AC . | | | | Amount of ontribution (\$) |
| | 02/10/2006 | 6 Contributor address; | City; State; Zip Code | , | | | \$1,000.00 |
| 8 | Principal occup PAC | pation / Job title (See Instructions | 3) | 9 Employer (See In: PAC | structions) | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and ite box 11 if applicable. | 11 In-kind description | n (if applicable) | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages i | if necessary) | | |
| 13 | Departure city | / location | 14 Departure date. | 15 Destination city / I | location | | 16 Arrival date |
| 17 Means of transportation 18 Purpose | | | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Cherry, Lorraine | out-of-state PAC(ID# | | | | Amount of ontribution (\$) |
| | 02/07/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$100.00 |
| 8 | Principal occup Homemaker | eation / Job title (See Instructions |) | 9 Employer (See Ins | structions) | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | ı (if applicable) | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | if necessary) | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / lo | ocation | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | |
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| | CAL CONTRIBU THAN PLEDGI | | NS | | ; | SCHEDULE A |
|--------------------------|--|---------------------------|-------------------------|---------------------------|----------|----------------------------|
| The Instruction | อพ Guipe explains how to comp | plete this form. | | 1 PAGE # Schedule: 9/4 | 14 Repo | ort: 11/65 |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | | Commission filers) |
| 4 Date | 5 Full name of contributor Clifford, Cindy | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) |
| 02/24/2006 | | City; State; Zip Code | | | | \$250.00 |
| 8 Principal occup | pation / Job title (See Instructions | 3) | 9 Employer (See In | structions) | | |
| | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 Name of perso | n(s) traveling on whose behalf th | ne travel was accepted (a | attach additional pages | if necessary) | | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date |
| 17 Means of trans | portation | | 18 Purpose of travel | | | |
| 4 Date | 5 Full name of contributor [Coats Rose PAC | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) |
| 01/23/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$1,000.00 |
| 8 Principal occup PAC | pation / Job title (See Instructions | 3) | 9 Employer (See In PAC | structions) | <u> </u> | |
| | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 Means of trans | portation | | 18 Purpose of travel | | | |
| | | | <u> </u> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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|---|---|--|--|--------------------------|-----------|----------------------------|--|
| | The INSTRUCTION GUIDE explains how to comp | elete this form. | | 1 PAGE # Schedule: 10 | /44 Rep | ort: 12/65 | |
| 2 | FILER NAME Lawrence, Antoinette B (He | on.) | | 3 ACCOUNT# 00000004 | (Ethics C | ommission filers) | |
| 4 | Date 5 Full name of contributor [Continental Airlines Empl F | out-of-state PAC(ID# und | | | | Amount of ontribution (\$) | |
| . (| 02/21/2006 6 Contributor address; 0 | City; State; Zip Code | ••;•••••• | | | \$500.00 | |
| 8 Principal occupation / Job title (See Instructions) PAC | | | 9 Employer (See Instructions) PAC | | | | |
| 10 | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete the complete boxes 12-18. | 11 In-kind description (if applicable) | | | | | |
| 12 | Name of person(s) traveling on whose behalf the | e travel was accepted (a | attach additional pages i | f necessary) | ٠ | | |
| 13 | Departure city / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date | |
| 17 | Means of transportation | | 18 Purpose of travel | , | | | |
| 4 | Date 5 Full name of contributor [Cook, Tom | out-of-state PAC(fD# |) | | | Amount of ontribution (\$) | |
| (| 02/06/2006 6 Contributor address; 0 | Dity; State; Zip Code | | | | \$100.00 | |
| 8 Principal occupation / Job litle (See Instructions) Insurance | | | 9 Employer (See Instructions) F G Benefits Inc. | | | | |
| | insurance | | | | | | |
| | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete the complete boxes 12-18. | ide Texas and | | | <u>.</u> | | |
| 10 | In-kind contribution Check if in-kind contribution for travel outs | ide Texas and te box 11 if applicable. | F G Benefits Inc | (if applicable) | · · · · · | | |
| 10 | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete the complete boxes 12-18. | ide Texas and te box 11 if applicable. | F G Benefits Inc | (if applicable) | | 16 Arrival date | |
| 10 | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete Name of person(s) traveling on whose behalf the | ide Texas and ite box 11 if applicable. e travel was accepted (a | F G Benefits Inc | (if applicable) | | 16 Arrival date | |
| 12 | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete Name of person(s) traveling on whose behalf the Departure city / location | ide Texas and ite box 11 if applicable. e travel was accepted (a | F G Benefits Inc. 11 In-kind description attach additional pages in the second secon | (if applicable) | | 16 Arrival date | |
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| 12 | In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete Name of person(s) traveling on whose behalf the Departure city / location | ide Texas and ite box 11 if applicable. e travel was accepted (a | F G Benefits Inc. 11 In-kind description attach additional pages in the second secon | (if applicable) | | 16 Arrival date | |

| | | ICAL CONTRIBU R THAN PLEDGE | | \$ | SCHEDULE A | | |
|---|-------------------------------|---|---|---------------------------------------|--------------------------|---------|-------------------------------|
| | The Instruc | הוא Guide explains how to comp | lete this form. | | 1 PAGE # Schedule: 11 | /44 Ren | ort: 13/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 ACCOUNT # 00000004 | | ommission filers) |
| 4 | Date | 5 Full name of contributor [Copland, Michael | out-of-state PAC(ID# | | | | Amount of intribution (\$) |
| | 02/14/2006 | 6 Contributor address; C | ity; State; Zip Code | | | | \$25.00 |
| 8 | Principal occi Real Estate | upation / Job title (See Instructions Appraiser |) : | 9 Employer (See In: Copland/Hensle | • | | |
| | complet | in-kind contribution for travel outsi e boxes 12-18. Otherwise, comple | te box 11 if applicable. | 11 In-kind description | | | |
| 12 | Name of pers | on(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages | if necessary) | | |
| 13 | Departure cit | y / location | 14 Departure date | 15 Destination city / I | ocation | • | 16 Arrival date |
| 17 Means of transportation 18 Purpose of travel | | | | | | | |
| 4 | Date | 5 Full name of contributor [Crooker .Jr., John | out-of-state PAC(ID# | } | | | Amount of intribution (\$) |
| | 02/15/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$100.00 |
| 8 | Principal occ Retired | upation / Job title (See Instructions |) | 9 Employer (See In | structions) | | |
| 10 | In-kind contri | bution fin-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and - te box 11 if applicable. | 11 In-kind description | i (if applicable) | • • | · |
| 12 | Name of pers | on(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages | if necessary) | | |
| 13 | Departure cit | y / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 | Means of trai | nsportation | | 18 Purpose of travel | · : | | |
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POLITICAL CONTRIBUTIONS

| | OTHER THAN PLEDGES OR LOANS | | | | | | | | | | |
|----|-----------------------------|---|--|--|--------------------------|-----------|----------------------------|--|--|--|--|
| | The Instruction | м Guide explains how to comp | lete this form. | | 1 PAGE # Schedule: 12 | /44 Rep | ort: 14/65 | | | | |
| 2 | FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 ACCOUNT# 00000004 | (Ethics C | ommission filers) | | | | |
| 4 | Date | 5 Full name of contributor [Feldman, Stuart | out-of-state PAC(ID# |) | | | Amount of intribution (\$) | | | | |
| | 01/30/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$100.00 | | | | |
| 8 | Principal occup Investor | ation / Job title (See Instructions | - , | 9 Employer (See Instructions) | | | | | | | |
| | complete I | n-kind contribution for travel outsi boxes 12-18. Otherwise, comple | te box 11 if applicable. | 11 In-kind description | | | | | | | |
| 12 | Namé of persor | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | | | | | |
| 13 | Departure city / | location | 15 Destination city / location 16 Arrival date | | | | | | | | |
| 17 | Means of transp | portation | | 18 Purpose of travel | | | | | | | |
| 4 | Date . | 5 Full name of contributor [Finkelman, Steven | out-of-state PAC(ID# | | | | Amount of ontribution (\$) | | | | |
| | 02/02/2006 | 6 Contributor address; C | ity; State; Zip Code | | | | \$250.00 | | | | |
| 8 | Principal occup CFO | ation / Job title (See Instructions |) | 9 Employer (See In: Scope Imports I | | | | | | | |
| 10 | | tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | | | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / I | location | | 16 Arrival date | | | | |
| 17 | Means of transp | portation | | 18 Purpose of travel | | | | | | | |
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| | | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | |
|----|---|--|---|---------------------------------------|-------------------------|-----------------|----------------------------|
| Γ | The Instruction | אכ Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 13 | /44 Rei | port: 15/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | <u> </u> | 3 ACCOUNT # 00000004 | | Commission filers) |
| 4 | Date | 5 Full name of contributor Fulbright & Jaworski LLP To | | | | | Amount of ontribution (\$) |
| | 01/23/2006 | 6 Contributor address: | City; State; Zip Code | | | | \$500.00 |
| 8 | Principal occup Law Firm | pation / Job title (See Instructions | ·) | 9 Employer (See In Law Firm | structions) | · | |
| 10 | 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | | | | |
| 12 | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | |
| 13 | 3 Departure city / location 14 Departure date 15 Destination city / location | | | | | 16 Arrival date | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | |
| 4 | Date | 5 Full name of contributor [G D. Gaedcke Interests | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) |
| | 02/01/2006 | 6 Contributor address; | Dity; State; Zip Code | | | | \$100.00 |
| 8 | Principal occup Investments | nation / Job title (See Instructions |) | 9 Employer (See In: G D Gaedcke In | • | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | n (if applicable) | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages i | if necessary) | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / l | ocation | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | , |
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| | | CAL CONTRIBL THAN PLEDGE | | NS | | | | SCHEDULE A | | |
|----|--------------------------------|--|---|---|---------|------------------------|--------|-----------------------------|--|--|
| | The Instruction | он Guide explains how to comp | ete this form. | | 1 | PAGE # Schedule: 14 | /44 Re | nort: 16/65 | | |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 | ACCOUNT # 00000004 | | Commission filers) | | |
| 4 | Date | 5 Full name of contributor [Garver, C M | | | | | 7 | Amount of contribution (\$) | | |
| ! | 02/03/2006 | 6 Contributor address; C | City; State; Zip Code | .,.,, | | | | \$1,000.00 | | |
| 8 | | pation / Job title (See Instructions tracting Partner |) | 9 Employer (See Instructions) BRH Garver Construction | | | | | | |
| 10 | | ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description (if applicable) | | | | | | |
| 12 | ! Name of person | attach additional pages i | if ne | cessary) | | | | | | |
| 13 | 3 Departure city / | / location | 14 Departure date | 15 Destination city / le | locat | tion | | 16 Arrival date | | |
| 17 | 7 Means of trans | portation | | 18 Purpose of travel | | | | | | |
| 4 | Date | 5 Full name of contributor [Gee, George | out-of-state PAC(ID# | | | | 7 . | Amount of contribution (\$) | | |
| | 03/03/2006 | 6 Contributor address; C | Dity; State; Zip Code | | | | | \$100.00 | | |
| 8 | Principal occup Investments | pation / Job title (See Instructions |) | 9 Employer (See Ins | struc | ctions) | | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complet | ide Texas and te box 11 if applicable. | 11 In-kind description | ı (if a | applicable) | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf the | e travel was accepted (a | ittach additional pages i | if ne | cessary) | | | | |
| 13 | 3 Departure city / | / location | 14 Departure date | 15 Destination city / k | ocat | tion | | 16 Arrival date | | |
| 17 | Means of transp | portation | | 18 Purpose of travel | | | | | | |
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| Texas Etnics Commission P.O.Box | 12070 Austir | n, Texas 78711-2070 | (512)46 | 53-5800 1-800-325-8506 | | | | |
|---|----------------------------|---|-------------------------|--|--|--|--|--|
| POLITICAL CONTRIB OTHER THAN PLEDG | | NS | | SCHEDULE A | | | | |
| The Instruction Guide explains how to con | nplete this form. | =" | 1 PAGE# Schedule: 15 | /44 Report: 17/65 | | | | |
| 2 FILER NAME Lawrence, Antoinette B (| Hon.) | | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | | | | |
| 4 Date 5 Full name of contributor Gross, Jenard | out-of-state PAC(ID#_ |) | | 7 Amount of contribution (\$) | | | | |
| 01/25/2006 6 Contributor address: | City; State; Zip Code | | | \$1,000.00 | | | | |
| 8 Principal occupation / Job title (See Instruction Developer/Investor | ns) | 9 Employer (See Instructions) Gross Investments | | | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel ou complete boxes 12-18. Otherwise, comp | lete box 11 if applicable. | 11 In-kind description | | | | | | |
| 12 Name of person(s) traveling on whose behalf | the travel was accepted (| attach additional pages | if necessary) | | | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / I | ocation | 16 Arrival date | | | | |
| 17 Means of transportation | | 18 Purpose of travel | | | | | | |
| Date Full name of contributor H A A Better Government O2/02/2006 Contributor address; | | | | 7 Amount of contribution (\$) \$1,000.00 | | | | |
| Principal occupation / Job title (See Instruction VP of Public Affairs | ns) | 9 Employer (See In: Houston Apartm | • | , | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel our complete boxes 12-18. Otherwise, comp | | 11 In-kind description | (if applicable) | | | | | |
| 12 Name of person(s) traveling on whose behalf | the travel was accepted (| attach additional pages i | f necessary) | | | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / lo | ocation | 16 Arrival date | | | | |
| 17 Means of transportation | | 18 Purpose of travel | | · | | | | |
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| 2 | FILER NAME Lawrence, Antoinette 8 (Hon.) | | | | 3 ACCOUNT# 00000004 | (Ethics C | ommission filers) |
|----|---|---|--|--|---------------------|-----------|----------------------------|
| 4 | Date | 5 Full name of contributor [Hartman & Associates | | | | | Amount of ontribution (\$) |
| | 02/28/2006 | 6 Contributor address; | City; State; Zip Code | , | | | \$100.00 |
| 8 | Principal occup Investment F | eation / Job title (See Instructions | ;) | 9 Employer (See In: Hartman & Asso | • | | |
| 10 | In-kind contribu | | | 11 In-kind description | (if applicable) | | • |
| | Check if it complete | n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and ite box 11 if applicable. | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages i | if necessary) | | • |
| 13 | Departure city | / location | 15 Destination city / location 16 Arrival date | | | | |
| 17 | Means of trans | portation . | | 18 Purpose of travel | | | |
| 4 | Date | 5 Full name of contributor [Helterbran, Dave | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) |
| | 01/23/2006 | 6 Contributor address; C | City; State; Zlp Code | • | | | \$1,000.00 |
| 8 | Principal occup Executive | ation / Job title (See Instructions | | 9 Employer (See ins Helterbran Asso | | | |
| 10 | In-kind contribu | | | 11 In-kind description | (if applicable) | | |
| | | n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | |
| 13 | 3 Departure city / location 14 Departure date | | | date 15 Destination city / location 16 Amival date | | | |
| 17 | Means of trans | portation | 18 Purpose of travel | | · | | |

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| | | CAL CONTRIBL THAN PLEDGI | | SCHEDULE A | | | | | |
|---|-----------------------------|--|---|--|---------|------------------------|----------|----------------------------|--|
| Г | The Instruction | ON GUIDE explains how to comp | lete this form. | | | PAGE # Schedule: 17 | 7/44 Rer | nort: 19/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 | ACCOUNT # 00000004 | | | |
| 4 | Date | 5 Full name of contributor [Hill, Lawrence | _ | | • | | | Amount of ontribution (\$) | |
| | 02/06/2006 | 6 Contributor address; (| City: State; Zip Code | | | | . | \$250.00 | |
| 8 | Principal occup CEO | etion / Job title (See Instructions |) | 9 Employer (See Instructions) Sumar Realty Corporation | | | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if a | applicable) | | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional | | | | | | cessary) | | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | locati | ion | • | 16 Arrival date | |
| 17 | Means of trans | | 18 Purpose of travel | | | | | | |
| 4 | Date . | 5 Full name of contributor [Hinsley, R | out-of-state PAC(ID# |) | | | | Amount of ontribution (\$) | |
| | 02/21/2006 | 6 Contributor address; | City; State; Zip Code | | | | | \$400.00 | |
| 8 | Principal occup Attorney | ation / Job title (See Instructions |) | 9 Employer (See In: The Hinsley Lav | | | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | n (if a | applicable) | • | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if nec | cessary) | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / I | locati | ion | | 16 Arrival date | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | <u></u> | | |
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| POLITICAL CONTRIBUTION OTHER THAN PLEDGI | | NS | | ; | SCHEDULE A |
|--|---|---------------------------------------|-------------------------|----------|----------------------------|
| The INSTRUCTION GUIDE explains how to comp | plete this form. | | 1 PAGE# Schedule: 18 | /44 Rer | port: 20/65 |
| 2 FILER NAME Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | | commission filers) |
| 4 Date 5 Full name of contributor [Holsenbeck, Howard | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) |
| | City; State; Zip Code | | | | \$100.00 |
| 8 Principal occupation / Job title (See Instructions Real Estate Broker | s) | 9 Employer (See Ins Holsenbeck Rea | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete | | 11 In-kind description | (if applicable) | · | • . |
| 12 Name of person(s) traveling on whose behalf th | e travel was accepted (a | ittach additlonal pages i | f necessary) | | |
| 13 Departure city / location | e 15 Destination city / location 16 Arrival dat | | | | |
| 17 Means of transportation | | 18 Purpose of travel | | | |
| 4 Date 5 Full name of contributor [Horne, H W | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) |
| 01/30/2006 6 Contributor address; C | Dity; State; Zip Code | | | • | \$250.00 |
| 8 Principal occupation / Job title (See Instructions Executive | | 9 Employer (See Ins Cushman & Wa | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, comple | | 11 In-kind description | (if applicable) | | |
| 12 Name of person(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | necessary) | <u> </u> | - |
| 13 Departure city / location | 14 Departure date | 15 Destination city / k | ocation | | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | | | |
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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 19/44 Report: 21/65 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT # (Ethics Commission filers) 00000004 Date Full name of contributor ut-of-state PAC(ID#_ Amount of contribution (\$) HOUCONPAC 6 Contributor address; City; State; Zip Code 02/08/2006 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel Date 5 Full name of contributor out-of-state PAC(ID# Amount of contribution (\$) Houston Associated General Contractors PAC 03/02/2006 6 Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC PAC 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 16 Arrival date 13 Departure city / location 15 Destination city / location 18 Purpose of travel 17 Means of transportation

| | | CAL CONTRIBU THAN PLEDGE | NS | | | , | SCHEDULE A | | | |
|----|---|---|--|--|----------|-----------------------|-----------------|----------------------------|--|--|
| | The INSTRUCTOR | ON GUIDE explains how to comp | elete this form. | | 1 | PAGE # Schedule: 2 | n/Δ4 Rei | nort: 22/65 | | |
| 2 | FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 | ACCOUNT # 00000004 | | Commission filers) | | |
| 4 | Date | 5 Full name of contributor [Houston Firefighters Politica | al Action Fund | | <u> </u> | | | Amount of ontribution (\$) | | |
| | 01/10/2006 | 6 Contributor address; C | City; State; Zip Code | | | | | \$3,000.00 | | |
| 8 | Principal occup President | pation / Job title (See Instructions | | 9 Employer (See Instructions) Houston Firefighters Political Action Fund | | | | | | |
| 10 | | ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if a | applicable) | | | | |
| 12 | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if nece | | | | | | | | | |
| 13 | 3 Departure city / | location | 14 Departure date | 15 Destination city / I | location | ion | 16 Arrival date | | | |
| 17 | 7 Means of trans | portation | | 18 Purpose of travel | | | | | | |
| 4 | Date | 5 Full name of contributor [Huey, Don | out-of-state PAC(ID# |) | | | | Amount of ontribution (\$) | | |
| | 02/15/2006 | 6 Contributor address; C | City; State; Zip Code | | | | | \$100.00 | | |
| 8 | | pation / Job title (See Instructions Government Relations |) | 9 Employer (See In: HCA Healthcare | | • | vision | | | |
| 10 | In-kind contribu | ution in-kind contribution for travel outsi boxes 12-18. Otherwise, complet | ide Texas and ite box 11 if applicable. | 11 In-kind description | n (if a | pplicable) | | | | |
| 12 | Name of person | on(s) traveling on whose behalf the | e travel was accepted (a | ittach additional pages i | if nec | cessary) | | | | |
| 13 | 3 Departure city / | location | 14 Departure date | 15 Destination city / le | locatio | on | | 16 Arrival date | | |
| 17 | 7 Means of transp | portation | | 18 Purpose of travel | | | | | | |
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| | | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | SCHEDULE A | | |
|----|----------------------------------|--|---------------------------|---|-------------------------|----------------------------|----------------------------|--|--|
| | The Instruction | он Guide explains how to comp | plete this form. | | 1 PAGE# Schedule: 21 | /44 Rer | nort: 23/65 | | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | | | |
| 4 | Date | 5 Full name of contributor [Jamail | • | | | | Amount of ontribution (\$) | | |
| | 03/02/2006 | 1 | City; State; Zip Code | | | | \$500.00 | | |
| 8 | Principal occup Constuction / | pation / Job title (See Instructions President | 5) | 9 Employer (See Instructions) Jamail Construction | | | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | ne travel was accepted (a | attach additional pages | if necessary) | | | | |
| 13 | Departure city | / location | 14 Departure date | e 15 Destination city / location 16 Arrival da | | | | | |
| 17 | Means of trans | sportation | <u> </u> | 18 Purpose of travel | | | · | | |
| 4 | Date | 5 Full name of contributor Jard, James | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) | | |
| | 01/26/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$500.00 | | |
| 8 | Principal occup Attorney | pation / Job title (See Instructions |) | 9 Employer (See In: MetroNational C | - | | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | ne travel was accepted (a | attach additional pages | if necessary) | | | | |
| 13 | Departure city | / location | 14 Departure date | 15 Destination city / I | location | | 16 Arrival date | | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | | |
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

| The Instruction Guide explains how to comp | plete this form. | | 1 PAGE # Schedule: 22 | /44 Rep | oort: 24/65 | | |
|--|--|--|--------------------------|-----------|-------------------------------|--|--|
| 2 FILER NAME Lawrence, Antoinette B (H | lon.) | | 3 ACCOUNT # 00000004 | (Ethics C | ommission filers) | | |
| 4 Date 5 Full name of contributor Jarvis, Steven | out-of-state PAC(iD#_ | | - · | | Amount of ontribution (\$) | | |
| 01/27/2006 6 Contributor address; | City; State; Zip Code | | | | \$1,000.00 | | |
| 8 Principal occupation / Job title (See Instructions Contractor | s) | 9 Employer (See Instructions) Beyer Construction LLP | | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete | | 11 In-kind description | ı (if applicable) | | | | |
| 12 Name of person(s) traveling on whose behalf the | | | | | | | |
| 13 Departure city / location | 15 Destination city / location 16 Arrival date | | | | | | |
| 17 Means of transportation | 18 Purpose of travel | | | • | | | |
| 4 Date 5 Full name of contributor [Kalapoutis, Jennifer | | | | | Amount of intribution (\$) | | |
| 03/01/2006 6 Contributor address: | Çity; State; Zip Code | | | | \$2,500.00 | | |
| 8 Principal occupation / Job title (See Instructions Homemaker | s) | 9 Employer (See Ins | structions) | • | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outs complete boxes 12-18. Otherwise, complete | | 11 In-kind description | (if applicable) | | | | |
| 12 Name of person(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages i | f necessary) | | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / k | ocation | | 16 Arrival date | | |
| 17 Means of transportation | 18 Purpose of travel | · | | , | | | |
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| | | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | ; | SCHEDULE A | |
|----|----------------------------------|--|---|---|---------|------------------------|----------------------------|----------------------------|--|
| | The Instruction | ON GUIDE explains how to comp | plete this form. | | 1 | PAGE # Schedule: 23 | /44 Ret | port: 25/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 | ACCOUNT # 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor Keast, Larry | |) | | | | Amount of ontribution (\$) | |
| | 02/08/2006 | 6 Contributor address; | City; State; Zip Code | | | • • • • • • • • • • • | | \$500.00 | |
| 8 | Principal occup President & C | ation / Job title (See Instructions SEO | 3) | 9 Employer (See Instructions) Venturetech Group | | | | | |
| 10 | In-kind contribu | ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | side Texas and ate box 11 if applicable. | 11 In-kind description | n (if | applicable) | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | ne travel was accepted (a | attach additional pages | if ne | cessary) | | | |
| 13 | Departure city i | location | 14 Departure date | 15 Destination city / I | | 16 Arrival date | | | |
| 17 | Means of trans | | 18 Purpose of travel | | | | | | |
| 4 | Date | 5 Full name of contributor [Knox, Mike | out-of-state PAC(ID# | | | | | Amount of ontribution (\$) | |
| | 02/15/2006 | 6 Contributor address; | City; State; Zip Code | | | | | \$100.00 | |
| 8 | Principal occup | ation / Job title (See Instructions | 3) | 9 Employer (See Ins | struc | ctions) | | | |
| 10 | In-kind contribu | tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and the box 11 if applicable. | 11 In-kind description | ı (if i | applicable) | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages i | if ne | cessary) | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / le | ocat | ion | | 16 Arrival dáte | |
| 17 | Means of trans | 18 Purpose of travel | | | | | | | |
| | | | | <u></u> | | | | | |
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| | | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | | <u> </u> | | SCHEDULE A | |
|----|---|---|---|--|---------|------------|-----------------|-------------|-------|----------------------------|---|
| | The ызтвистк | DN GUIDE explains how to comp | plete this form. | | 4 | PAC Sch | | 24/4 | A Ren | port: 26/65 | _ |
| 2 | FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 | ACC | COUNT 000004 | # (| | ommission filers) | _ |
| 4 | Date | 5 Full name of contributor [Ladner, Calvin | out-of-state PAC(ID# | | | | | | | Amount of ontribution (\$) | |
| | 01/26/2006 | 6 Contributor address; C | City; State; Zip Code | ••••••• | | | | | | \$100.0 | 0 |
| 8 | Principal occup Engineer | pation / Job title (See Instructions | ;) | 9 Employer (See Instructions) LJA Engineering & Surveying Inc. | | | | | | | |
| 10 | | ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple | | 11 In-kind description (if applicable) | | | | | | | |
| 12 | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | | | | |
| 13 | 3 Departure city / | / location | 14 Departure date | 15 Destination city / I | locati | ion | | | | 16 Arrival date | |
| 17 | 7 Means of trans | | 18 Purpose of travel | | • | · | | | | | |
| 4 | Date | 5 Full name of contributor [Law Offices of Jack C Ogg | | | | | | 7 | | Amount of ontribution (\$) | |
| | 02/15/2006 | 6 Contributor address; C | City; State; Zip Code | | | | | | | \$100.0 | 0 |
| 8 | Principal occup Law Firm | pation / Job title (See Instructions |) | 9 Employer (See Ins Law Firm | struc | tions | s) | | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outsi boxes 12-18. Otherwise, complete | ide Texas and ite box 11 if applicable. | 11 In-kind description | n (if a | applio | cable) | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf the | e travel was accepted (a | ittach additional pages i | if nec | cess | ary) | | | | |
| 13 | 3 Departure city / | location | 14 Departure date | 15 Destination city / l | ocati | ion | | | | 16 Arrival date | |
| 17 | 7 Means of transp | portation | | 18 Purpose of travel | - | · | | | | <u> </u> | |
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| | | CAL CONTRIBU THAN PLEDGI | | NS | | , | SCHEDULE A | |
|----|---|--|---|--|----------------------------------|-------------------------------|----------------------------|--|
| | The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 2 | | | | | | port: 27/65 | |
| 2 | | | | | | | Commission filers) | |
| 4 | Date | 5 Full name of contributor Lin, Robert CC | out-of-state PAC(ID#_ | | | 7 Amount of contribution (\$) | | |
| | 01/23/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$1,000.00 · | |
| 8 | Principal occup Engineer | pation / Job title (See Instructions | s) | 9 Employer (See In Lin Engineering | • | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | | |
| 1; | 3 Departure city | / location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Linebarger Goggan Blair & | out-of-state PAC(ID# Sampson LLP |) | | | Amount of ontribution (\$) | |
| | 02/14/2006 | 6 Contributor address; (| City; State; Zip Code | | | | \$2,500.00 | |
| 8 | Principal occup Attorney | nation / Job title (See Instructions | | 9 Employer (See Ins Linebarger Gog | structions) gan Blair & Samps | son | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description (if applicable) | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / le | ocation | | 16 Arrival date | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | |
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| | POLITION OTHER | ; | SCHEDULE A | | | | | |
|----|---|---|---|--|----------|------------------------|----------------------------|-----------------------------|
| | The Instruction | on Guid≘ explains how to comp | plete this form. | | 1 | PAGE # Schedule: 26 | /44 Rer | oort: 28/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 | ACCOUNT # 00000004 | | Commission filers) |
| 4 | Date | 5 Full name of contributor [Liu, Frank | | - | <u> </u> | | Amount of ontribution (\$) | |
| | 02/15/2006 6 Contributor address; City; State; Zip Code | | | | | | \$1,000.00 | |
| 8 | Principal occup Home Builder | pation / Job title (See Instructions | ;) | 9 Employer (See Ins Lovett Homes | struc | ctions) | • | |
| 10 | In-kind contribu Check if ir complete | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | side Texas and ate box 11 if applicable. | 11 In-kind description | n (if a | applicable) | | |
| 12 | Name of persor | n(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages | if ne | cessary) | | _ _ |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / I | locat | tion | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Locke Liddell & Sapp | out-of-state PAC(ID# |) | , | - | | Amount of contribution (\$) |
| | 03/02/2006 | 6 Contributor address; C | City; State; Zip Code | | | | *. | \$1,000.00 |
| 8 | Principal occup Law Firm | pation / Job title (See Instructions |) | 9 Employer (See Ins Law Firm | struc | ctions) | | |
| 10 | In-kind contribu Check if in complete I | ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple | ide Texas and ate box 11 if applicable. | 11 In-kind description (if applicable) | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf the | e travel was accepted (a | ittach additional pages i | if ned | cessary) | | . 1 |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / le | ocati | ion | | 16 Arrival date |
| 17 | Means of transp | portation | | 18 Purpose of travel | | | | |
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| | | CAL CONTRIBU THAN PLEDGE | | NS . | | | | SCHEDULE A |
|----|--|--|---|---|---|-------------------------------|--------------|-----------------------------|
| | The INSTRUCTION | ดัง Guide explains hów to comp | | 1 | PAGE # | 7/44 R | eport: 29/65 | |
| 2 | 2 FILER NAME Lawrence, Antoinette B (Hon.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000004 | | | |
| 4 | Date | 5 Full name of contributor [Lovelace, Irma | out-of-state PAC(ID# | | | 7 Amount of contribution (\$) | | |
| | 02/04/2006 | 6 Contributor address; C | City; State; Zip Code | | • • • • | | • | \$100.00 |
| 8 | Principal occup Investments | pation / Job title (See Instructions |) | 9 Employer (See In | struc | ctions) | | |
| 11 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | n (if i | applicable) | | |
| 12 | 2 Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | cessary) | | |
| 1: | 3 Departure city | / location | 14 Departure date | 15 Destination city / | locat | tion | | 16 Arrival date |
| 1 | 7 Means of trans | sportation | | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Mafrige, Sophia | out-of-state PAC(ID# | | | | 7 | Amount of contribution (\$) |
| | 02/15/2006 | 6 Contributor address; C | City; State; Zip Code | | | | | \$100.00 |
| 8 | Principal occup Attorney | pation / Job title (See Instructions |) | 9 Employer (See Instructions) Attorney at Law | | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description (if applicable) | | | | |
| 1: | 2 Name of perso | n(s) traveling on whose behatf th | e travel was accepted (a | attach additional pages | if ne | cessary) | , | |
| 1: | 3 Departure city | / location | 14 Departure date | 15 Destination city / | locat | tion | · · · | 16 Arrival date |
| 1 | 7 Means of trans | sportation | | 18 Purpose of travel | | | x | |
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POLITICAL CONTRIBUTIONS

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|---|---|---|--|--|---|---------|----------------------------|--|
| | The Instruction | ง Guide explains how to comp | olete this form. | | 1 PAGE# Schedule: 28 | /44 Rep | ort: 30/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | | | | | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor Malloy, Terrence | errence | | | | Amount of ontribution (\$) | |
| 02/16/2006 6 Contributor address; City; State; Zip Code | | | | | | : | \$1,000.00 | |
| Principal occupation / Job title (See Instructions) Manufactuer | | | | 9 Employer (See In Action Box Con | • | | | |
| 10 | | tion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 in-kind description | n (if applicable) | | - | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date | |
| 17 | Means of transp | portation | <u> </u> | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor Mayer Brown Rowe & Maw | |) | | 7 / | Amount of | |
| 02/13/2006 6 Contributor address; City; State; Zip Code | | | | | | CO | ontribution (\$) | |
| | 02/13/2006 | · · · · · · · · · · · · · · · · · · · | | | | co | \$250.00 | |
| 8 | | · · · · · · · · · · · · · · · · · · · | City; State; Zip Code | 9 Employer (See In Law Firm | structions) | co | | |
| | Principal occupi Law Firm | 6 Contributor address; (| City; State; Zip Code | | | cc | | |
| 10 | Principal occupion Law Firm In-kind contribut Check if in complete by | 6 Contributor address; ation / Job title (See Instructions tion -kind contribution for travel outs | city; State; Zip Code i) ide Texas and the box 11 if applicable. | Law Firm | n (if applicable) | cc | | |
| 10 | Principal occupion Law Firm In-kind contribut Check if in complete by | 6 Contributor address; ation / Job title (See Instructions tion -kind contribution for travel outs boxes 12-18. Otherwise, completels) (s) traveling on whose behalf the | city; State; Zip Code i) ide Texas and the box 11 if applicable. | Law Firm | n (if applicable) if necessary) | CC | | |
| 12 | Principal occupion Law Firm In-kind contribution Check if in complete to the | 6 Contributor address; ation / Job title (See Instructions tion -kind contribution for travel outs boxes 12-18. Otherwise, comple (s) traveling on whose behalf the | City; State; Zip Code ide Texas and the box 11 if applicable. The travel was accepted (| Law Firm 11 In-kind description attach additional pages | n (if applicable) if necessary) ocation | CC | \$250.00 | |
| 12 | Principal occupion Law Firm In-kind contribution Check if in complete by Name of persons Departure city / | 6 Contributor address; ation / Job title (See Instructions tion -kind contribution for travel outs boxes 12-18. Otherwise, comple (s) traveling on whose behalf the | City; State; Zip Code ide Texas and the box 11 if applicable. The travel was accepted (| Law Firm 11 In-kind description attach additional pages 15 Destination city / I | n (if applicable) if necessary) ocation | CC | \$250.00 | |
| 12 | Principal occupion Law Firm In-kind contribution Check if in complete by Name of persons Departure city / | 6 Contributor address; ation / Job title (See Instructions tion -kind contribution for travel outs boxes 12-18. Otherwise, comple (s) traveling on whose behalf the | City; State; Zip Code ide Texas and the box 11 if applicable. The travel was accepted (| Law Firm 11 In-kind description attach additional pages 15 Destination city / I | n (if applicable) if necessary) ocation | CC | \$250.00 | |

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| | | CAL CONTRIBU | | | | (012) | ; | SCHEDULE A | | |
|----|---|--|--------------------------|--|-------|---|------------------------------|-----------------|--|--|
| | The INSTRUCTION GUIDE explains how to complete this form. | | | | | 1 PAGE # Schedule: 29/44 Report: 31/65 | | | | |
| 2 | FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT | | | | | ACCOUNT # 00000004 | # (Ethics Commission filers) | | | |
| 4 | Date 5 Full name of contributor uut-of-state PAC(ID#) Meyer, Gary | | | | | 7 Amount of contribution (\$) | | | | |
| | 02/15/2006 6 Contributor address; City; State; Zip Code | | | | | | \$150.00 | | | |
| 8 | Principal occup Real Estate A | nation / Job title (See Instructions Appraiser |) | 9 Employer (See In G. L. Meyer Ass | | | | , | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if | applicable) | • | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | ocessary) | • | | | |
| 13 | B Departure city | / location | 14 Departure date | 15 Destination city / | loca | tion | | 16 Arrival date | | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | | | |
| 4 | Date | 5 Full name of contributor [Musgrove, Richard | out-of-state PAC(ID# | 7 Amount of contribution (\$) | | | | | | |
| | 02/28/2006 | 6 Contributor address; | City; State; Zip Code | | | | | \$100.00 | | |
| 8 | Principal occup Investments | nation / Job title (See Instructions | | 9 Employer (See In ARGEE Publica | | | • | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description (if applicable) | | | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | ecessary) | | | | |
| 13 | 3 Departure city | / location | 14 Departure date | 15 Destination city / location 16 Arrival of | | | | 16 Arrival date | | |
| 17 | 7 Means of trans | portation | | 18 Purpose of travel | • | | | <u> </u> | | |
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Austin, Texas 78711-2070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 30/44 Report: 32/65 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT# (Ethics Commission filers) 00000004 Date Full name of contributor ut-of-state PAC(ID#_ Amount of contribution (\$) O'Connor, Patrick 01/31/2006 6 Contributor address: City; State; Zip Code \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Appraiser O'Connor & Associates 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 13 Departure city / location 14 Departure date 15 Destination city / location 16 Arrival date 17 Means of transportation 18 Purpose of travel Amount of Date 5 Full name of contributor ut-of-state PAC(ID# contribution (\$) **Outdoor PAC** 02/07/2006 6 Contributor address: City; State; Zip Code \$250.00 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** PAC PAC 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / tocation 18 Purpose of travel 17 Means of transportation

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| | POLITION OTHER | | SCHEDULE A | | | | | |
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| | The Instruction | ON GUIDE explains how to comp | elete this form. | | port: 33/65 | | | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | · | 3 ACCOUNT# 00000004 | (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor Plumbers Local Union No 6 | out-of-state PAC(ID# | | | 7 Amount of contribution (\$) | | |
| | 03/03/2006 6 Contributor address; City; State; Zip Code | | | | | | \$1,000.00 | |
| 8 | Principal occup PAC | pation / Job title (See Instructions | s) | 9 Employer (See In PAC | structions) | · · · · · · | | |
| 10 | In-kind contribu | | | 11 In-kind description | n (if applicable) | | | |
| | | n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | | | | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | | |
| 13 | Departure city | / location | 14 Departure date | 15 Destination city / I | ocation | • | 16 Arrival date | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Powell, Stephen | out-of-state PAC(ID# | 7 Amount of contribution (\$) | | | | |
| | 02/15/2006 | 6 Contributor address; 0 | Dity; State; Zip Code | | | | \$200.00 | |
| 8 | Principal occup | nation / Job title (See Instructions |) | 9 Employer (See In: | structions) | | , | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description (if applicable) | | | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / le | ocation | | 16 Arrival date | |
| 17 | Means of trans | portation | , | 18 Purpose of travel | | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 32/44 F | Penort: 34/65 | | | | |
|---|-----------------------------|--|--|--|--|
| | cs Commission filers) | | | | |
| 4 Date 5 Full name of contributor uut-of-state PAC(ID#) 7 Radoff, Perry | Amount of contribution (\$) | | | | |
| 02/01/2006 6 Contributor address; City; State; Zip Code | \$200.00 | | | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Bernstein Radoff Trachtenberg & Sera | fin LLP | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | |
| 13 Departure city / location 14 Departure date 15 Destination city / location | 16 Arrival date | | | | |
| 17 Means of transportation 18 Purpose of travel | 18 Purpose of travel | | | | |
| 4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Rash, Charles | Amount of contribution (\$) | | | | |
| 02/15/2006 6 Contributor address; City; State; Zip Code | \$250.00 | | | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | |
| 13 Departure city / location 14 Departure date 15 Destination city / location | 16 Arrival date | | | | |
| 17 Means of transportation 18 Purpose of travel | | | | | |
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|---|---|--|--|--|-----------|-------|-------------------------------|------------|-----|----------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | | | | GE# | 33/44 | Rei | port: 35/65 |
| 2 | 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT 00000004 | | | | ‡ (Et | | Commission filers) | | | |
| 4 | 4 Date 5 Full name of contributor out-of-state PAC(ID#) Reliant Energy PAC | | | | | 7 | 7 Amount of contribution (\$) | | | |
| | 02/13/2006 6 Contributor address; City; State; Zip Code | | | | | | | \$1,000.00 | | |
| 8 | Principal occup PAC | pation / Job title (See Instructions | · · | 9 Employer (See In PAC | struc | ction | s) | | | |
| 10 | In-kind contribe | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and ite box 11 if applicable. | 11 In-kind description | n (if a | appli | cable) | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if ne | cess | ary) | | | |
| 13 | 3 Departure city | / location | 14 Departure date | 15 Destination city / | locat | tion | | | | 16 Arrival date |
| 17 | Means of trans | sportation | <u>.</u> | 18 Purpose of travel | ÷ | | | | | |
| 4 | Date | 5 Full name of contributor [Roos, Sybil | out-of-state PAC(ID#_ | | | | | 7 | | Amount of ontribution (\$) |
| | 02/05/2006 | 6 Contributor address; (| City; State; Zip Code | | . | | | | | \$250.00 |
| 8 | Principal occup Retired | pation / Job title (See Instructions |) | 9 Employer (See In: | struc | tion | s) | | | |
| 10 | In-kind contribu | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and | 11 In-kind description (if applicable) | | | | | | |
| 12 | <u> </u> | n(s) traveling on whose behalf th | | attach additional pages | if ne | cess | ary) | | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | ocat | ion | | | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | | | | |
| | | | | | | | | | | · |

| Texas Ethics Cor | nmission P.O.Box 1 | 2070 Austin | i, Texas 78711-2070 | (512)46 | 3-5800 | 1-800-325-8506 |
|------------------------------|---|--------------------------|-------------------------|---|----------|----------------------------|
| | CAL CONTRIBU THAN PLEDGI | | NS | | s | CHEDULE A |
| The Instruction | ON GUIDE explains how to comp | elete this form. | | 1 PAGE# Schedule: 34 | /44 Repo | ort: 36/65 |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | • | mmission filers) |
| 4 Date | 5 Full name of contributor Russell, Wade A | out-of-state PAC(ID#_ | | • | | mount of tribution (\$) |
| 02/15/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$100.00 |
| 8 Principal occup Retired | pation / Job title (See Instructions | 3) | 9 Employer (See In | structions) | • | |
| Complete | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple n(s) traveling on whose behalf the | te box 11 if applicable. | 11 In-kind description | | | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date |
| 17 Means of trans | sportation | 1 | 18 Purpose of travel | | 1 | |
| 4 Date | 5 Full name of contributor Sappington, J Mark | out-of-state PAC(ID#_ | | · · | | mount of tribution (\$) |
| 02/13/2006 | 6 Contributor address; | City; State; Zip Code | | • | | \$250.00 |
| 8 Principal occur | pation / Job title (See Instructions | *) | 9 Employer (See In | structions) | l | |
| | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 Name of perso | n(s) traveling on whose behalf th | e travel was accepted (| attach additional pages | if necessary) | | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date |
| 17 Means of trans | portation | l | 18 Purpose of travel | · · · · · · · · · · · · · · · · · · · | | |
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| | | CAL CONTRIBL THAN PLEDGI | | SCHEDULE A | | | |
|---|----------------------------------|--|--------------------------|---------------------------------------|--------------------|--------------|----------------------------|
| | The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE# | e: 35/44 Re | nost: 27/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUN 000000 | T# (Ethics (| Commission filers) |
| 4 | Date | 5 Full name of contributor [Singh, Varinder (Bobby) | out-of-state PAC(ID# | | | 7 c | Amount of ontribution (\$) |
| | 02/27/2006 | 6 Contributor address; (| City; State; Zip Code | | | | \$500.00 |
| 8 | Principal occup President & F | pation / Job title (See Instructions Founder |) | 9 Employer (See In Global Times In | | | |
| 10 | | n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | |
| 4 | Date | 5 Full name of contributor [Smallwood, Andy | out-of-state PAC(ID# |) | | 7 0 | Amount of ontribution (\$) |
| | 02/16/2006 | 6 Contributor address; | City; State; Zip Code | | | ••• | \$250.00 |
| 8 | Principal occup Attorney | nation / Job title (See Instructions |) | 9 Employer (See In | structions) | • | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages | if necessary) | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 | 17 Means of transportation | | | 18 Purpose of travel | | | |
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| | | CAL CONTRIBU THAN PLEDGI | | · | - | (312)4 | | SCHEDULE A |
|----|---|--|---|--|-------|--|----------|-----------------------------|
| | The Instruction | ON GUIDE explains how to comp | olete this form. | | 1 | PAGE # Schedule: 36 | 3/44 R | enort: 38/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 | ACCOUNT # 00000004 | | s Commission filers) |
| 4 | Date | 5 Full name of contributor [Smith, Lois Ann | out-of-state PAC(ID#_ |) | | - | 7 | Amount of contribution (\$) |
| | 02/06/2006 6 Contributor address; City; State; Zip Code | | | | | | \$100.00 | |
| 8 | Principal occup Homemaker | 9 Employer (See In | stru | ctions) | • | | | |
| 10 | In-kind contribution Check if in complete | rtion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | n (if | applicable) | | |
| 12 | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | |
| 13 | 3 Departure city i | location | 14 Departure date | 15 Destination city / i | loca | tion | | 16 Arrival date |
| 17 | Means of trans | portation | • | 18 Purpose of travel | | | | |
| 4 | Date | 5 Full name of contributor [Smith, Lura | out-of-state PAC(ID# | | | | 7 | Amount of contribution (\$) |
| 8 | 02/06/2006 | 6 Contributor address: | City: State: Zip Code | | | | | \$50.00 |
| 8 | Principal occup Retired | ation / Job title (See Instructions |) | 9 Employer (See Ins | struc | ctions) | | |
| 10 | In-kind contribu | ntion n-kind contribution for travel outs boxes 12-18. Otherwise, comple | lde Texas and te box 11 if applicable. | 11 In-kind description (if applicable) | | | | |
| 12 | Name of persor | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages i | if ne | cessary) | | |
| 13 | B Departure city / | location | 14 Departure date | 15 Destination city / k | ocal | tion | | 16 Arrival date |
| 17 | Means of trans | portation | | 18 Purpose of travel | | ······································ | | |
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| 16, | | CAL CONTRIBUTED OF THAN PLEDGE | JTIONS | NS | (512)46 | 3-5800 | 1-800-325-8506 | |
|---|---|--|---|--|-------------------------|-------------------------------|----------------------------|--|
| | The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE# Schedule: 37 | /44 Ren | ort: 39/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | _ | ommission filers) | |
| 4 | Date | 5 Full name of contributor [Stewart, Sheila | out-of-state PAC(ID# |) | | 7 Amount of contribution (\$) | | |
| | 01/25/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$500.00 | |
| 8 | Principal occup Real Estate A | ation / Job title (See Instructions Appraiser | | 9 Employer (See In: Stewart Advisor | | | | |
| 10 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | | | | | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | | | |
| 13 | Departure city / | Departure city / location 14 Departure date 15 Destination city / location | | | | 16 Arrival date | | |
| 17 | Means of trans | portation | • | 18 Purpose of travel | : | - | | |
| 4 | Date | 5 Full name of contributor [Stromberg, Lois | out-of-state PAC(ID# | , | | | Amount of intribution (\$) | |
| | 02/15/2006 | 6 Contributor address; C | City; State; Zip Code | •••••• | | | \$250.00 | |
| 8 | Principal occup | ation / Job title (See Instructions |) | 9 Employer (See Ins | structions) | | | |
| 10 | In-kind contribu Check if in complete i | rtion -kind contribution for travel outsi boxes 12-18. Otherwise, comple | ide Texas and te box 11 if applicable. | 11 In-kind description | (if applicable) | | | |
| 12 | Name of persor | n(s) traveling on whose behalf th | e travel was accepted (a | ttach additional pages i | f necessary) | | | |
| 13 | Departure city / | location | 14 Departure date | 15 Destination city / id | ocation | | 16 Arrival date | |
| 17 Means of transportation | | | | 18 Purpose of travel | | | | |
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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 38/44 Report: 40/65 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT# (Ethics Commission filers) 00000004 Full name of contributor ut-of-state PAC(ID#_ Date Amount of contribution (\$) Tange, Richard 6 Contributor address; 02/10/2006 City; State; Zip Code \$250.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 15 Destination city / location 16 Arrival date 13 Departure city / location 14 Departure date 17 Means of transportation 18 Purpose of travel 5 Full name of contributor ut-of-state PAC(ID#_ Amount of Date contribution (\$) The Allan F Dow Group LLC \$250.00 6 Contributor address; City; State; Zip Code 02/15/2006 Employer (See Instructions) Principal occupation / Job title (See Instructions) The Allan F Dow Group LLC Investment Group 10 In-kind contribution 11 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 14 Departure date 15 Destination city / location 16 Arrival date 13 Departure city / location 17 Means of transportation 18 Purpose of travel

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| | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | | |
|--------------------------------|---|---------------------------|--|-------------------------|---------|----------------------------|--|
| The Instructi | ON GUIDE explains how to comp | olete this form. | | 1 PAGE# Schedule: 40 | /44 Rer | oort: 42/65 | |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | | commission filers) | |
| 4 Date | 5 Full name of contributor [TSC Fund | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) | |
| 01/26/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$250.00 | |
| 8 Principal occur PAC | pation / Job title (See Instructions | ;) | 9 Employer (See Instructions) PAC | | | | |
| | ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple | 11 In-kind description | n (if applicable) | | | | |
| 12 Name of perso | on(s) traveling on whose behalf th | ne travel was accepted (a | attach additional pages | if necessary) | | · | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date | |
| 17 Means of trans | sportation | | 18 Purpose of travel | | | | |
| 4 Date | 5 Full name of contributor [Turner, Raymond | out-of-state PAC(ID#_ |) | | | Amount of ontribution (\$) | |
| 02/12/2006 | 6 Contributor address; | City; State; Zip Code | ······································ | | | \$1,000.00 | |
| 8 Principal occur President | pation / Job title (See Instructions | ;) | 9 Employer (See in Yellow Cab | structions) | | | |
| | ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | |
| 12 Name of perso | on(s) traveling on whose behalf th | ie travel was accepted (i | attach additional pages | if necessary) | | | |
| 13 Departure city | / location | 14 Departure date | 15 Destination city / | ocation | | 16 Arrival date | |
| 17 Means of transportation | | | 18 Purpose of travel | | | | |
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| | | CAL CONTRIBU THAN PLEDGE | \$ | SCHEDULE A | | | |
|----|---------------------------------|--|-------------------------------|-------------------------------|--------------------------|---------|----------------------------|
| | The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE# Schedule: 41/ | /44 Rec | port: 43/65 |
| 2 | FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 ACCOUNT # 00000004 | | ommission filers) |
| 4 | Date | 5 Full name of contributor [TX Friends of Time Warner | out-of-state PAC(ID# Cable |) | | | Amount of ontribution (\$) |
| | 02/14/2006 | 6 Contributor address; C | City; State; Zip Code | | | | \$500.00 |
| 8 | Principal occup PAC | ation / Job title (See Instructions |) | 9 Employer (See In | structions) | | |
| 10 | In-kind contribu | | · | 11 In-kind description | n (if applicable) | | |
| 45 | ☐ complete | h-kind contribution for travel outs boxes 12-18. Otherwise, comple | te box 11 if applicable. | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted (a | ittach additional pages i | if necessary) | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / | ocation | | 16 Arrival date |
| | | y · | | | | | |
| 17 | Means of trans | portation | | 18 Purpose of travel | | | |
| | | | <u> </u> | | ····· | | |
| 4 | Date | 5 Full name of contributor [Ulmer, Ken | out-of-state PAC(ID# |) |) 7 Amor | | |
| | 02/15/2006 | 6 Contributor address; | City; State; Zip Code | , | | · | \$250.00 |
| 8 | Principal occup Wrecker Co (| ation / Job title (See Instructions Owner | | 9 Employer (See Instructions) | | | |
| 10 | | ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple | | 11 In-kind description | ı (if applicable) | | |
| 12 | Name of person | n(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | |
| 13 | Departure city | location | 14 Departure date | 15 Destination city / I | ocation | | 16 Arrival date |
| 17 | 17 Means of transportation | | | 18 Purpose of travel | | | |
| | | | | | | | |
| - | | | | | | | |
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13 Departure city / location

17 Means of transportation

| The Instruct | non Guide explains how to complete | e this form. | | 1 PAGE# Schedule: 42 | 2/44 Repo | rt: 44/65 |
|--|---|---|---|---|-----------|----------------------------|
| 2 FILER NAME | Lawrence, Antoinette B (Hon. |) | | 3 ACCOUNT # (Ethics Commission filers) 00000004 | | |
| 4 Date | 5 Full name of contributor Valero PAC | out-of-state PAC(ID# | | | | mount of tribution (\$) |
| 01/30/2006 | 01/30/2006 6 Contributor address; City; State; Zip Cod | | | e | | |
| Principal occu PAC | pation / Job title (See Instructions) | | 9 Employer (See Instructions) PAC | | | |
| | oution in-kind contribution for travel outside e boxes 12-18. Otherwise, complete b | | 11 In-kind description (if applicable) a. | | | |
| | | | | | | |
| 12 Name of pers | on(s) traveling on whose behalf the tr | | attach additional pages | if necessary) | | |
| 12 Name of pers | | | attach additional pages | | | 16 Arrival date |
| 13 Departure city | // location 14 | avel was accepted (| | ocation | | 16 Arrival date |
| · · · | // location 14 | avel was accepted (| 15 Destination city / | ocation | | 16 Arrival date |
| 13 Departure city 17 Means of tran | sportation 14 5 Full name of contributor Verma, Arun | avel was accepted (| 15 Destination city / | ocation | | nount of |
| 13 Departure city 17 Means of tran 4 Date 02/15/2006 | sportation 5 Full name of contributor Verma, Arun 6 Contributor address; City; | avel was accepted (Departure date Out-of-state PAC(ID#_ | 15 Destination city / | ocation | | nount of tribution (\$) |

14 Departure date

15 Destination city / location

18 Purpose of travel

16 Arrival date

Austin, Texas 78711-2070

(512)463-5800

| | ICAL CONTRIBU R THAN PLEDGE | ; | SCHEDULE A | | | | |
|---|--|--------------------------|--|--------------------------|-----------------|----------------------------|--|
| The Instruc | тіом Guide explains how to comp | plete this form. | | 1 PAGE # Schedule: 43 | /44 Rer | port: 45/65 | |
| 2 FILER NAME | E Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT # 00000004 | | ommission filers) | |
| 4 Date | 5 Full name of contributor [Weekley, Richard | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) | |
| 02/03/2006 | 02/03/2006 6 Contributor address; City; State; Zip Code | | | | | \$500.00 | |
| 8 Principal occ Investor | cupation / Job title (See Instructions |) | 9 Employer (See In Weekley Prope | | | | |
| | ibution if in-kind contribution for travel outs te boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | | | |
| 12 Name of per | 2 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | | |
| 13 Departure city / location 14 Departure date 15 Destination city / location | | | | | 16 Arrival date | | |
| 17 Means of tra | nsportation | | 18 Purpose of travel | | | | |
| 4 Date | 5 Full name of contributor [Wilson, David B | out-of-state PAC(ID# |) | | | Amount of ontribution (\$) | |
| 02/15/2006 | 6 Contributor address; (| City: State; Zip Code | | | | \$1,000.00 | |
| 8 Principal occ Self Employ | cupation / Job title (See Instructions yed | 3) | 9 Employer (See Instructions) Southwest Sign Company | | | | |
| | ibution if in-kind contribution for travel outs te boxes 12-18. Otherwise, comple | | 11 In-kind description | n (if applicable) | • | | |
| 12 Name of per | son(s) traveling on whose behalf th | e travel was accepted (a | attach additional pages | if necessary) | | | |
| 13 Departure cit | ly / location | 14 Departure date | 15 Destination city / | location | | 16 Arrival date | |
| 17 Means of transportation | | | 18 Purpose of travel | | | | |
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| Te | as Ethics Con | nmission P.O.Box 1 | 2070 Austi | n, Texas 78711-2070 | (512)463 | 3-5800 | 1-800-325-8506 | |
|----|---|---|----------------------------|--------------------------|---------------------------|-------------|-------------------------|--|
| | | CAL CONTRIBU THAN PLEDGI | | ANS | | sc | HEDULE A | |
| | The Instruction | ON GUIDE explains how to comp | elete this form. | ··· | 1 PAGE# Schedule: 44/4 | 44 Report | : 46/65 | |
| 2 | FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | (Ethics Com | mission filers) | |
| 4 | Date | 5 Full name of contributor Winstead Sechrest & Minic | out-of-state PAC(ID#_k PAC | | | 7 Am | ount of ibution (\$) | |
| | 01/16/2006 | 6 Contributor address; | City; State; Zip Code | | | | \$1,000.00 | |
| 8 | Principal occupation / Job title (See Instructions) PAC | | | 9 Employer (See In PAC | structions) | | | |
| | ☐ complete | n-kind contribution for travel outs boxes 12-18. Otherwise, comple | te box 11 if applicable. | <u> </u> | | | | |
| 12 | Name of perso | n(s) traveling on whose behalf th | e travel was accepted | (attach additional pages | if necessary) | | | |
| 13 | Departure city | / location | 14 Departure date | 15 Destination city / | location | 10 | 6 Arrival date | |
| 17 | Means of trans | sportation | | 18 Purpose of travel | | | : | |
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| Texas Ethics Com | exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 | | | | | 1-800-325-8506 |
|---|--|---|--|---------------------------|----------------------|-----------------------|
| POLITI | CAL EXPENDIT | URES | | | S | CHEDULE F |
| The Instruction | อง Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 1/10 | 0 Repo | rt: 47/65 |
| 2 FILER NAME | Lawrence, Antoinette B (He | on.) · | | 3 ACCOUNT# 00000004 | (Ethics C | ommission filers) |
| 4 Date | 5 Payee name Alvarez, Victor | | | | 7 | Amount (\$) |
| 03/15/2006 | 6 Payee address; C 7817 Betty Jane Lane Houston, TX 77055 | | | | \$800.00 | |
| 8 Purpose of pay (See instruction fund-raiser ex | ns regarding type of information | 9 · · Complete if direc Candidate / Officeho | t expenditure to bene lder name: | fit Candi | date/Officeholder ** | |
| | | Office sought: | | | ! | |
| ☐ Payment fo | or travel outside Texas (complete | boxes 10-16) | Office held: | | | |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) | | | | | | |
| 11 Departure city / | location | 12 Departure date | 13 Destination city / location 14 | | | 14 Arrival date |
| 15 Means of trans | portation | | 16 Purpose of travel | | | |
| 4 Date | 5 Payee name Blakemore and Associa | tes | | | 7 Amount (\$) | |
| 02/20/2006 | 6 Payee address; C 3405 Edloe #380 Houston, TX 77027 | lity; State; Zip Code | | | | \$5,111.07 |
| | ment ns regarding type of information fees, event costs, invitations | required.) | 9 ** Complete if direct Candidate / Officeho | | efit Cand | idate/Officeholder ** |
| | | | Office sought: | | | |
| | or travel outside Texas (complete | | Office held: | | | |
| 10 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addi | ional pages if necess | iary) | |
| 11 Departure city | location | 12 Departure date | 13 Destination city / | location | | 14 Arrival date |
| 15 Means of transportation | | | 16 Purpose of travel | | <u> </u> | |
| | | | | | | |

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16 Purpose of travel

15. Means of transportation

| exas Ethics Com | (512)46 | 3-5800 | 1-800-325-8506 | | | | |
|--|--|--------------------------|--|-------------------------------------|----------------|----------------------|--|
| POLITI | CAL EXPENDIT | URES | • | | S | CHEDULE F | |
| The Instruction | on Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 4/1 | 0 Repo | ort: 50/65 | |
| 2 FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 ACCOUNT# 00000004 | | ommission filers) | |
| 4 Date | 5 Payee name Episcopal Diocese of TX | (| | | 7 | Amount (\$) | |
| 05/08/2006 | 6 Payee address; C 3203 West Alabama Houston, TX 77098 | ity; State; Zip Code | | | | \$60.00 | |
| 8 Purpose of pay (See instruction donation | I yment ins regarding type of information | required.) | 9 * Complete if direc Candidate / Officehol | | afit Candi | date/Officeholder ** | |
| | | | Office sought: | | | | |
| Payment fo | or travel outside Texas (complete | boxes 10-16) | Office held: | ٠ | | | |
| 10 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | sary) | | |
| 11 Departure city | / location | 12 Departure date | 13 Destination city / | ocation | 14 Amival date | | |
| | | | | | | - | |
| 15 Means of trans | portation | | 16 Purpose of travel | · | | | |
| 4 Date | 5 Payee name Greater Houston Pachyo | derm Club | | | 7 | Amount (\$) | |
| 04/07/2006 | 6 Payee address; C PO Box 22531 Houston, TX 77227 | ity; State; Zip Code | | | | \$40.00 | |
| 8 Purpose of pay (See instruction membership | ons regarding type of information | required.) | 9 ** Complete if direc Candidate / Officeho | t expenditure to bend lder name: | efit Candi | date/Officeholder ** | |
| ☐ Payment fr | or travel outside Texas (complete | hovae 10-16) | Office sought: Office held: | | | | |
| | n(s) traveling on whose behalf th | | <u> </u> | ional pages If necess | sary) | | |
| | | | | | | | |
| 11 Departure city | / location | 12 Departure date | 13 Destination city / | ocation | | 14 Arrival date | |
| 15 Means of trans | portation | 16 Purpose of travel | | | | | |
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| Texas Ethics Com | mission P.O.Box 12070 | Austin, Texas | 78711-2070 | (512)46 | 3-5800 | 1-800-325-8506 | |
|---|---|--------------------------|--|--|------------|----------------------|--|
| POLITI | CAL EXPENDIT | URES | | | S | CHEDULE F | |
| The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE # Schedule: 5/1 | 0 Repo | ort: 51/65 | |
| 2 FILER NAME | Lawrence, Antoinette B (He | on.) | | 3 ACCOUNT# 00000004 | (Ethics Co | ommission filers) | |
| 4 Date | 5 Payee name Hajorsky, Chris | | | <u> </u> | 7 | Amount (\$) | |
| 06/15/2006 | 6 Payee address; C 8910 Railton Houston, TX 77080 | | | | \$200.00 | | |
| 8 Purpose of pay (See instruction apt. crime rate | ns regarding type of information | required.) | 9 * Complete if direc Candidate / Officehol | | efit Candi | idate/Officeholder | |
| | | | | | | | |
| Payment fo | or travel outside Texas (complete | boxes 10-16) | Office held: | | | | |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) | | | | | | | |
| 11 Departure city | / location | 12 Departure date | 13 Destination city / I | location | | 14 Arrival date | |
| 15 Means of trans | portation | | 16 Purpose of travel | | | | |
| 4 Date | 5 Payee name Hall, Darrin | | | | 7 | Amount (\$) | |
| 02/20/2006 | 6 Payee address; C 1413 Caywood Houston, TX 77055 | City; State; Zip Code | | | | \$2,400.00 | |
| 8 Purpose of pay (See instruction contract laborate | ns regarding type of information | required.) | 9 * Complete if direct Candidate / Officehol | | efit Candi | date/Officeholder ** | |
| Payment fo | or travel outside Texas (complete | : boxes 10-16) | Office sought: Office held: | | | | |
| 10 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach additi | ional pages if necess | sary) | | |
| 11 Departure city / location 12 Departure date | | | 13 Destination city / I | 13 Destination city / location 14 Arrival of | | 14 Arrival date | |
| 15 Means of transportation | | | 16 Purpose of travel | | | | |
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P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

| POLITI | CAL EXPENDIT | | SCHEDULE F | | | |
|---|--|--------------------------|--|--------------------------|--------------------------------|--|
| The Instruction | ON GUIDE explains how to comp | plete this form. | | 1 PAGE# Schedule: 6/1 | 0 Report: 52/65 | |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) | |
| 4 Date | 5 Payee name Hou Livestock Show & | Rodeo | | | 7 Amount (\$) | |
| 01/31/2006 | 6 Payee address; C PO Box 20070 Houston, TX 77225-00 | City; State; Zip Code | | | \$1,000.00 | |
| 8 Purpose of pay (See instruction scholarship of | ns regarding type of information | required.) | 9 · · Complete if direct Candidate / Officeho | | efit Candidate/Officeholder | |
| | • | | | | | |
| Payment fo | or travel outside Texas (complete | e boxes 10-16) | Office held: | | | |
| 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) | | | | | | |
| 11 Departure city | / location | 12 Departure date | 13 Destination city / location 14 Arrival date | | | |
| 15 Means of trans | portation | <u> </u> | 16 Purpose of travel | | | |
| 4 Date | 5 Payee name Hou Livestock Show & | Rodeo | <u> </u> | | 7 Amount (\$) | |
| 02/28/2006 | 6 Payee address; C PO Box 20070 Houston, TX 77225-00 | City; State; Zip Code | | | \$50.00 | |
| 8 Purpose of pay (See instruction council ad | yment ns regarding type of information | required.) | 9 · · Complete if direc Candidate / Officehol | | efit Candidate/Officeholder ** | |
| | | | Office sought: | | | |
| Payment fo | or travel outside Texas (complete | boxes 10-16) | Office held: | | · | |
| 10 Name of perso | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | sary) | |
| 11 Departure city / location 12 Departure date | | | 13 Destination city / I | ocation | 14 Arrival date | |
| 15 Means of transportation | | | 16 Purpose of travel | • | 1 | |
| | | | | | | |

Texas Ethics Commission P.O.Box 12070 , Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 8/10 Report: 54/65 (Ethics Commission filers) 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT# 00000004 Payee name Oaks Dads Club Amount Date (\$) 04/08/2006 \$150.00 6 Payee address; City; State; Zip Code 1025 Judiway Houston, TX 77018 9 ** Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) campaign ad sign Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 11 Departure city / location 12 Departure date 13 Destination city / location 16 Purpose of travel 15 Means of transportation Amount . Date Payee name Texas Ethics Commission (\$) \$100.00 06/22/2006 6 Payee address; City; State; Zip Code PO Box 12070 Austin, TX 78711-2070 9 * Complete if direct expenditure to benefit Candidate/Officeholder Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: administrative Office sought: Office held: Payment for travel outside. Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 14 Arrival date 12 Departure date 13 Destination city / location 11 Departure city / location 15 Means of transportation 16 Purpose of travel

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

(512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

| MADE | MADE FROM PERSONAL FUNDS | | | | | | | | |
|---|---|--------------------------|-------------------------|--------------------------|--|--|--|--|--|
| The Instruction | N GUIDE explains how to comp | lete this form. | | 1 PAGE# Schedule: 1/9 | Report | : 57/65 | | | |
| 2 FILER NAME | Lawrence, Antoinette B (Ho | | 3 ACCOUNT # 00000004 | (Ethics C | ommission filers) | | | | |
| 4 Date | 4 Date 5 Payee name Best Buy | | | | | Amount (\$) | | | |
| 01/25/2006 | 6 Payee address; C 7328 W1960 Houston, TX 77074 | | | X polit | \$57.36 inbursement from ical contributions inded | | | | |
| (See instruction notebook cas | 8 Purpose of expenditure (See instructions regarding type of information required.) notebook case Payment for travel outside Texas (complete boxes 9-15) | | | | | | | | |
| 9 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach additi | ional pages if necess | eary) | | | | |
| 10 Departure city / location 11 Departure date 12 Destination city / location | | | | | 13 Arrival date | | | | |
| 14 Means of trans | portation | | 15 Purpose of travel | | | | | | |
| 4 Date | 5 Payee name CVS Pharmacy | · | | | 7 | Amount (\$) | | | |
| 02/14/2006 | 6 Payee address; C 8201 Katy Frwy Houston, TX 77024 | ity; State; Zip Code | | | X polii | \$14.20 mbursement from tical contributions inded | | | |
| office food | penditure ns regarding type of information or travel outside Texas (complete | | | | | | | | |
| 9 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | загу) | - | | | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / I | ocation | | 13 Arrival date | | | |
| 14 Means of trans | portation | 15 Purpose of travel | | | | | | | |
| - | | | | | | | | | |

| POLITION MADE | CAL EXPENDIT | URES | | (312)40 | SCHEDULE G |
|--|--|--------------------------|---------------------------|--------------------------|---|
| The INSTRUCTIO | พ Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 2/9 | Report: 58/65 |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT # 00000004 | (Ethics Commission filers) |
| 4 Date | 5 Payee name CVS Pharmacy | | | | 7 Amount (\$) |
| 04/02/2006 | 6 Payee address; C 6504 WLittle York Houston, TX 77088 | ity; State; Zip Code | | | \$5.99 Reimbursement from political contributions intended |
| 8 Purpose of exp (See instruction coffee | enditure ns regarding type of information | required.) | | | |
| ☐ Payment fo | r travel outside Texas (complete | boxes 9-15) | | | |
| 9 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addition | onal pages if necess | eary) |
| 10 Departure city / | location . | 11 Departure date | 12 Destination city / lo | ocation | 13 Arrival date |
| 14 Means of transp | portation | | 15 Purpose of travel | | |
| 4 Date | 5 Payee name Food Fair Grocery | | | | 7 Amount (\$) |
| 01/02/2006 | 6 Payee address; C 6470 West Little York Houston, TX 77088 | ity; State; Zip Code | | | \$3.25 Reimbursement from political contributions intended |
| office food | enditure ns regarding type of information r travel outside Texas (complete | | | | |
| 9 Name of person | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach additio | onal pages if necess | ary) |
| 10 Departure city / | location | 11 Departure date | 12 Destination city / lo | cation | 13 Arrival date |
| 14 Means of transp | portation . | | 15 Purpose of travel | | |
| | | | | | <u> </u> |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

| MADE | FROM PERSON | IAL FUNDS | | | | | · |
|--|---|---------------------------------------|--|--|-------------------------|-----------|---|
| The Instruction | อง Guide explains how to comp | lete this form. | | 1 | PAGE # Schedule: 3/9 | Report | : 59/65 |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 | ACCOUNT # 00000004 | (Ethics C | Commission filers) |
| 4 Date | 5 Payee name Fry's Electronics | | | | | 7 | Amount (\$) |
| 03/12/2006 | 6 Payee address; C 10241 North Frwyl-45 Houston, TX 77037 | City; State; Zip Code | | | | X poli | \$43.29 mbursement from tical contributions nded |
| office supplie | ns regarding type of information | | | | | | |
| | n(s) traveling on whose behalf th | | was made (attach additi | ional | pages if necess | ary) | |
| 10 Departure city | (Incation | 11 Departure date | 12 Destination city / 1 | ocat | ion | | 13 Arrival date |
| Departure city | riocation | , Departure date | 12 Destination day 7 | ocal | | • | TO MINITAL GARG |
| 14 Means of trans | portation | | 15 Purpose of travel | | | | |
| 4 Date | 5 Payee name Healthy Houston Found | ation | | | | 7 | Amount (\$) |
| 06/05/2006 | 6 Payee address; C 55 Waugh Drive Houston, TX 77007 | Lity; State; Zip Code | ······································ | | | X poli | \$10.00 mbursement from tical contributions anded |
| 8 Purpose of exp (See instruction donation | benditure ns regarding type of information | required.) | | • | | | |
| | or travel outside Texas (complete | | | | | | |
| 9 Name of perso | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach additi | ional | pages if necess | sary) | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / I | ocat | ion | | 13 Arrival date |
| 14 Means of trans | portation | | 15 Purpose of travel | | | · | |
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POLITICAL EXPENDITURES

| MADE | FROM PERSON | AL FUNDS | | | | CHEDOLL O | | | |
|------------------------------|---|----------------------------|-------------------------|--------------------------|-----------------|---|--|--|--|
| The Instruction | אס Guide explains how to compl | lete this form. | _ | 1 PAGE# Schedule: 4/9 | Repor | t: 60/65 | | | |
| 2 FILER NAME | Lawrence, Antoinette B (Ho | on.) | | 3 ACCOUNT# 00000004 | (Ethics (| Commission filers) | | | |
| 4 Date | 5 Payee name Holocaust Museum | | | | 7 | Amount (\$) | | | |
| 03/05/2006 | | city; State; Zip Code | | | X poli | \$78.41 mbursement from tical contributions nded | | | |
| (See instructio donation | (See instructions regarding type of information required.) donation | | | | | | | | |
| 9 Name of perso | n(s) traveling on whose behalf th | e expenditure for travel v | was made (attach additi | ional pages if necess | вагу) | | | | |
| 10 Departure city | 10 Departure city / location 11 Departure date 12 Destination city / location | | | | 13 Arrival date | | | | |
| 14 Means of trans | portation | | 15 Purpose of travel | | | | | | |
| 4 Date | 5 Payee name Kirkland's | | | - | 7 | Amount (\$) | | | |
| 01/07/2006 | 6 Payee address; C 375 Memorial City Houston, TX 77024 | ity; State; Zip Code | | | X poli | \$21.64 mbursement from tical contributions nded | | | |
| (See instructio table office | 8 Purpose of expenditure (See instructions regarding type of information required.) | | | | | | | | |
| 9 Name of perso | n(s) traveling on whose behalf th | e expenditure for travel v | was made (attach additi | ional pages if necess | загу) | | | | |
| 10 Departure city | location | 11 Departure date | 12 Destination city / I | ocation | | 13 Arrival date | | | |
| 14 Means of trans | portation | | 15 Purpose of travel | | | | | | |
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Texas Ethics Commission

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| | POLITI MADE | | S | CHEDULE G | | | | |
|---|---|--|--------------------------|------------------------|--------------------------|-----------|--|--|
| | The Instruction | พ Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 5/9 | Report | : 61/65 | |
| 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT# 00000004 | | | | | | (Ethics C | commission filers) | |
| 4 | Date | 5 Payee name Kroger Grocery | | | | 7 | Amount (\$) | |
| 04/24/2006 6 Payee address; City; State; Zip Code 1505 Wirt Houston, TX 77055 | | | | | | X poli | \$10.77 mbursement from tical contributions anded | |
| 8 | Purpose of expenditure (See instructions regarding type of information required.) office food Payment for travel outside Texas (complete boxes 9-15) | | | | | | | |
| 9 | Name of person | n(s) traveling on whose bohalf th | o exponditure for travel | was made (attach addit | ional pages if necess | ary) | | |
| 10 | Departure city i | location | 11 Departure date | 12 Destination city / | ocation | | 13 Arrival date | |
| 14 | 4 Means of trans | portation | | 15 Purpose of travel | - | | / | |
| 4 | Date | 5 Payee name La Mexicana Restauran | t | | | 7 | Amount (\$) | |
| | 03/31/2006 | 6 Payee address; C 1018 Fairview Houston, TX 77006 | ity; State; Zip Code | | | X post | \$61.00 mbursement from tical contributions anded | |
| 8 | Purpose of exp (See instruction office food | penditure ns regarding type of information | required.) | | | | | |
| 9 | • | or travel outside Texas (complete n(s) traveling on whose behalf th | | was made (attach addit | ional pages if necess | ary) | | |
| 1 | Departure city / | (Incetion | 11 Departure date | 12 Destination city / | ocation | | 13 Arrival date | |
| | D Departure city / | accation | T Departure date | TE Describation day / | Coation | | , , , , , , , , , , , , , , , , , , , | |
| 14 | 4 Means of trans | portation | | 15 Purpose of travel | | | | |
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Texas Ethics Commission

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| POLITI MADE | CAL EXPENDIT FROM PERSON | URES IAL FUNDS | | | s | CHEDULE G | | |
|--|--|--------------------------|-------------------------|---------------------------|-----------------|--|--|--|
| The Instruction | ON GUIDE explains how to comp | lete this form. | | 1 PAGE # Schedule: 6/9 | Repor | t: 62/65 | | |
| 2 FILER NAME | 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT # 000000004 | | | | (Ethics (| Commission filers) | | |
| 4 Date | 5 Payee name Money Makers Flag | | | | 7 | Amount (\$) | | |
| 03/11/2006 | 6 Payee address; C 1517 Blalock Houston, TX 77080 | City; State; Zip Code | | | X poli | \$46.49 mbursement from tical contributions nded | | |
| 8 Purpose of ex (See instruction boy scout tro | ns regarding type of information | required.) | | | | | | |
| | or travel outside Texas (complete | | was made (attach addit | ional pages if necess | sary) | : | | |
| | | | | | | | | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / I | ocation | 13 Arrival date | | | |
| 14 Means of trans | sportation | | 15 Purpose of travel | | | | | |
| 4 Date | 5 Payee name Muscular Dystrophy Ass | soc. | | | 7 | Amount (\$) | | |
| 03/11/2006 | 6 Payee address; C | City; State; Zip Code | | | | \$50.00 | | |
| | 5615 Kirby Dr #510 Houston, TX 77080 | | | | X poli | mbursement from tical contributions nded | | |
| (See instruction boy scout tro | 8 Purpose of expenditure (See instructions regarding type of information required.) boy scout troop flag | | | | | | | |
| 9 Name of perso | on(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | агу) | | | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / I | ocation | | 13 Arrival date | | |
| 14 Means of trans | 4 Means of transportation 15 Purpose of travel | | | | | | | |
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POLITICAL EXPENDITURES

| MADE FROM PERSONAL FUNDS | | | | | | | | |
|---|---|--------------------------|-------------------------|--------------------------|-------------------|---|--|--|
| The Instruction | พ Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 7/9 | Report | : 63/65 | | |
| 2 FILER NAME Lawrence, Antoinette B (Hon.) 3 ACCOUNT # 000000004 | | | | (Ethics C | ommission filers) | | | |
| 4 Date | 5 Payee name Office Depot | | | | 7 | Amount (\$) | | |
| 01/29/2006 6 Payee address; City; State; Zip Code 4534 WFM 1960 Houston, TX 77069 | | | | | X poli | \$7.57 nbursement from ical contributions nded | | |
| (See instruction office supplied Payment for | 8 Purpose of expenditure (See instructions regarding type of information required.) office supplies Payment for travel outside Texas (complete boxes 9-15) | | | | | | | |
| 9 Name of perso | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | ary) | | | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / I | ocation | | 13 Arrival date | | |
| 14 Means of trans | sportation | | 15 Purpose of travel | | | | | |
| 4 Date | 5 Payee name Randalls Grocery | | | | 7 | Amount (\$) | | |
| 01/02/2006 | 6 Payee address; C 5264 West 34th St Houston, TX 77092 | City; State; Zip Code | | | poli | \$37.32 inbursement from lical contributions inded | | |
| Purpose of expenditure (See instructions regarding type of information required.) office food Payment for travel outside Texas (complete boxes 9-15) | | | | | | | | |
| 9 Name of perso | on(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | sary) | | | |
| 10 Departure city | / location | 11 Departure date | 12 Destination city / | ocation | - | 13 Arrival date | | |
| 14 Means of trans | 14 Means of transportation 15 Purpose of travel | | | | | | | |
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Texas Ethics Commission

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| POLIT MADE | ICAL EXPENDIT FROM PERSON | URES IAL FUNDS | | | SC | HEDULE G |
|--|--|--------------------------|------------------------|--------------------------|------------|---|
| The Instruct | non Guide explains how to comp | lete this form. | | 1 PAGE# Schedule: 8/9 | Report: | 64/65 |
| 2 FILER NAME | Lawrence, Antoinette B (H | on.) | | 3 ACCOUNT# 00000004 | (Ethics Co | mmission filers) |
| 4 Date | 5 Payee name Rice Market | | | | 7 | Amount (\$) |
| 05/03/2006 | 6 Payee address; C 12516 Memorial Dr Houston, TX 77024 | ity; State; Zip Code | | | | \$11.98 bursement from sal contributions ded |
| 8 Purpose of e (See instruct office food | xpenditure ions regarding type of information | required.) | | | | |
| Payment | for travel outside Texas (complete | boxes 9-15) | | | | • |
| 9 Name of per | son(s) traveling on whose behalf the | e expenditure for travel | was made (attach addit | lonal pages if necess | sary) | · · · · · · · · · · · · · · · · · · · |
| 10 Departure cit | y / location | 11 Departure date | 12 Destination city / | location | | 13 Arrival date |
| 14 Means of tra | nsportation | | 15 Purpose of travel | • | | |
| 4 Date | 5 Payee name Tacos Del Julio restaura | ant | <u> </u> | | 7 | Amount (\$) |
| 04/24/2006 | 6 Payee address; C 8141 Long Point Houston, TX 77055 | City; State; Zip Code | | | | \$15.63 bursement from cal contributions ded |
| 8 Purpose of e (See instruc office food | expenditure tions regarding type of information | required.) | | | | |
| | for travel outside Texas (complete | | | ional pages if pages | .a=ı\ | |
| 9 Name of per | son(s) traveling on whose behalf the | e expenditure for travel | was made (attach addii | ionai pages il necess | odiy) | |
| 10 Departure cit | y / location | 11 Departure date | 12 Destination city / | location | | 13 Arrival date |
| 14 Means of tra | nsportation | | 15 Purpose of travel | | I | |
| | | | | | | • |

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Austin, Texas 78711-2070

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| | POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | | | | | CHEDULE G | |
|----|---|--|--------------------------|------------------------|---------------------------|------------------|---|--|
| | The Instruction | N GUIDE explains how to compi | ete this form. | | 1 PAGE # Schedule: 9/9 | Report: 65/65 | | |
| 2 | FILER NAME | Lawrence, Antoinette B (Ho | nn.) | | 3 ACCOUNT # 00000004 | (Ethics C | ommission filers) | |
| 4 | 4 Date 5 Payee name Texedelphia Restaurant | | | | | 7 | Amount (\$) | |
| | 04/04/2006 6 Payee address; City; State; Zip Code 5535 Memorial Houston, TX 77007 | | | | | X polit | \$29.48 nbursement from ical contributions anded | |
| 8 | Purpose of expenditure (See instructions regarding type of information required.) office food Payment for travel outside Texas (complete boxes 9-15) | | | | | | | |
| 9 | Name of perso | n(s) traveling on whose behalf th | e expenditure for travel | was made (attach addit | ional pages if necess | ary) | | |
| 10 | Departure city | / location | 11 Departure date | 12 Destination city / | location | | 13 Arrival date | |
| 1 | 4 Means of trans | portation | | 15 Purpose of travel | | | | |
| 4 | Date | 5 Payee name Texedelphia Restaurant | | | | 7 Amount (\$) | | |
| | 05/01/2006 | 6 Payee address; C 5535 Memorial Houston, TX 77007 | ity; State; Zip Code | ., | | poli | \$12.97 mbursement from tical contributions nded | |
| 8 | 8 Purpose of expenditure (See instructions regarding type of information required.) office food | | | | | | | |
| 9 | — ' | or travel outside Texas (complete n(s) traveling on whose behalf th | | was made (attach addi | tional pages if necess | sary) | | |
| 1 | 10 Departure city / location 11 Departure date 12 Destination city / location 13 Arrival date | | | | | | | |
| 1 | 14 Means of transportation 15 Purpose of travel | | | | | | | |
| | | | | | | | | |

Validation Results for Report: COH Lawrence, 20060101, 20060530

Report passed validation.

Passing validation does not mean that all required information has been included in the report. The validator ensures that CERTAIN required information is included. You should review the applicable Ethics Commission guide and the software HELP to ensure that ALL required information is included.

Error Level Key

You may find it helpful to print a copy of this document. To fix errors, go back to the software and open the Data Entry Screen indicated below. Locate the Item_ID in the grid Level 06- Errors indicate non-compliance with reporting requirements. Although Level 6 errors should be corrected for legal compliance, it is possible to file a report with Level 6 errors. Level 08- Errors indicate non-compliance with reporting requirements (such as no amount entered for a contribution). Level 8 errors must be corrected in order to file a report. Level 12- Errors indicate that a field contains unacceptable data (such as letters in a zip code field). Level 12 errors must be corrected in order to print or process a report. Notes:

then click on the 'Save' button. Repeat this procedure for each error below. If an Item !D# on this page contains the phrase TRVL' then the error is under 'Enter Travel Info.' at the top of the data entry screen and click on it to highlight that row. Click on the 'Edit' button at the bottom of the screen and make the changes necessary to fix the error,

Results Summary

| Level 06 Errors | 0 |
|-----------------|---|
| Level 08 Errors | 0 |
| Level 12 Errors | 0 |

The following errors were encountered during the validation:

| | | | |
|----------------------------|---|---|------|
| Error Message | | | |
| Field Content | - | | |
| Item ID # | | | |
| ERF Field # Item ID # | | | |
| Field Where Error Occurred | | | |
| Data Entry Screen | | · | |
| Error Level | | · | |